



VILLAGE OF CEDARHURST
BUILDING PERMIT APPLICATION

200 Cedarhurst Ave. Cedarhurst NY 11516

Office: (516)295-5770 Fax (516) 295-1077 Email: building@cedarhurst.gov Website: www.cedarhurst.gov

Application No. Date rec'd. Permit No. Date issued

Number and Street Section Block Lot(s) Zone.

N.S.E.W. side of feet N.S.E.W.
or N.S.E.W corner of &

TYPE OF IMPROVEMENT
PROPOSED USE - For "Demolition" most recent use
Residential Existing Proposed
Nonresidential

WORK PROPOSED - Describe in detail:

COST OF IMPROVEMENT \$

Pursuant to Worker's Compensation Law, an original certificate-of-Insurance on form C-105.21, C-105.2, U-26.3, SI-12, or GSI-1 05.2 shall be filled with this department prior to the issuance of any building permit. PLEASE NOTE: Contractor is required to obtain certificates or other proof of Workers Compensation Insurance from all subcontractors or any other person that is not an employee of contractor and perform or provide work, labor or services on the site. Upon request by the village contractors must provide a copy of any such certificate to the village, Failure to do so may result in revocation of building permit(s).
CONSTRUCTION CLASSIFICATION
STATUS OF WORK
DIMENSIONS OF LOT

Name Mailing address - Number, street, city, State and Zip Tel. No.
Arch. or Engr.
Owner
Tenant / Lessee
Contractor Nassau County License Number
Electrician VILLAGE OF CEDARHURST License Number
Plumber VILLAGE OF CEDARHURST License Number

The owner of this building and the undersigned agree to conform to all applicable laws of the VILLAGE OF CEDARHURST.

AFFIDAVIT OF APPLICANT
AFFIDAVIT OF PROPERTY OWNER
STATE OF NEW YORK
COUNTY OF NASSAU
(Print Name) being duly sworn,
deposes and says: That he/she resides at
in the State of and that he/she is authorized by the Owner to make application for a permit to perform said work in the foregoing application and accompanying plans, and all the statements contained therein are true to deponent's own knowledge.
Address
Phone
(Sign here)
Sworn to before me this (Day of ) 20
AFFIDAVIT OF PROPERTY OWNER
STATE OF NEW YORK
COUNTY OF NASSAU
(Print Name) being duly sworn,
deposes and says: That he/she resides at
in the State of of, that he/she is the owner in fact of all that certain lot, piece or parcel of land shown on the diagram above, situate, lying and being within the INCORPORATED VILLAGE OF CEDARHURST, that the work proposed to be done upon the said premises will be done in accordance with the, approved application and accompanying plans, (and he/she hereby authorizes
APPLICANT
to make application for a permit to perform said work in the foregoing application and accompanying plans), and all the statements herein contained are true to deponent's own knowledge.
(Sign here)
Sworn to before me this day of 20

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY
Adjusted Cost Permit Fee - 1 st Permit Fee - 2nd Total Site Plan Fee
\$ \$ \$ \$

Approved by Permit Title

House No. Assigned FEMA Flood Hazard Zone Zone By: Base Flood Elevation

Variance Yes No
If Yes date and case No.

Elevation Certificate: Yes No
Final Survey Required: Yes No
New C.O. Required: Yes No
Separate Application Required For:
HVAC Plumbing Electric
Sign/Awning Other